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*National Advocates for  
Asian American,  
Native Hawaiian &  
Pacific Islander Health*

November 5, 2009

The Honorable Nancy Pelosi  
Speaker of the House  
235 Cannon HOB  
Washington, DC 20515

Congressman Henry Waxman  
Chair, Committee on Energy  
and Commerce  
2125 Rayburn HOB  
Washington, D.C. 20515

Congressman George Miller  
Chair, Committee on  
Education and Labor  
2181 Rayburn HOB  
Washington, D.C. 20515

Congressman Charlie Rangel  
Chair, Committee on Ways and Means  
1102 Longworth HOB  
Washington, D.C. 20515

Congressman Pete Stark  
Committee on Ways and Means  
Chair, Subcommittee on Health  
1135 Longworth HOB  
Washington, DC 20515

Re: Affordable Health Care for America Act (H.R. 3962)

Dear Speaker Pelosi and Chairmen Waxman, Miller, Rangel and Stark:

The Asian & Pacific Islander American Health Forum (APIAHF) commends the House for taking the historic step of introducing the *Affordable Health Care for America Act* (H.R. 3962). We thank you for your continued leadership and efforts to advance health care reform legislation. We are pleased that the bill incorporates several crucial components to reforming our nation's health care system and achieving quality health outcomes for our communities, as we have detailed below.

Inclusion of Public Option

We are pleased that the House bill includes a public health insurance option. During these trying economic times, many families are having their health insurance cancelled by their employers. Thus, because of the inflated health insurance premiums, families and individuals are not able to pay for health insurance independently. The public option will help drive down costs among all competing health insurance plans in the Exchange because of the competition the public option provides. The House bill ensures that the uninsured and underinsured can access affordable health insurance for

themselves and their families. Accordingly, we commend the inclusion of a public health insurance plan option and strongly support its inclusion in any health reform legislation.

### Expands Medicaid Coverage and Programs

H.R. 3962 will fortify the strength of the Medicaid program and increase Medicaid access. Medicaid is a particularly vital source of care for low-income Asian Americans, Native Hawaiians and Pacific Islanders (AAs and NHPs), and for women of reproductive age. Nearly one in four Southeast Asians, Native Hawaiians and Pacific Islanders live in poverty, and only 15% of poor AAs and NHPs have employer-based coverage. By expanding Medicaid eligibility to individuals under age 65 (i.e., children, pregnant women, parents, and adults without dependent children) with incomes up to 150% of the federal poverty level, and offering Medicaid to all newborns, the House bill promises to offer quality health care coverage to a broader class of the population.

We are also glad that the House bill further extends Medicaid coverage to citizens of the Federated States of Micronesia (FSM), Republic of the Marshall Islands (RMI), and the Republic of Palau (RP) who reside in the United States. The current House bill restores Medicaid benefits to citizens of the Freely Associated States and provides an exception to the five-year waiting period for Medicaid. Thus, this provision of the bill ensures the fair treatment of compact residents.

The House bill further allows access to health care for those individuals who do not qualify for the Medicaid program by providing subsidies to families who are purchasing health insurance. Having the subsidy level at an annual family income that is up to 400% of the poverty level will ensure that families uncovered by Medicaid will still have access to affordable health care through subsidies.

### Fair Treatment of Immigrants

Over 60% of Asian Americans and 4% of Native Hawaiians and other Pacific Islanders are foreign-born, compared to just over 11% of all people in the U.S. Our communities account for over 25% of the nation's foreign-born population. Given that only lawfully residing immigrants and citizens will be eligible for affordability credits, the House bill rightly adopts the existing citizenship and immigration verification requirements used under Medicaid and Children's Health Insurance Program (CHIP) for determining eligibility for the credits. However, any additional verification or identification requirement is unnecessary and would have a significant, and possibly detrimental, impact on AA and NHP communities.

Current citizenship verification measures have already prevented many Americans from accessing Medicaid. Studies have shown that such requirements have a disparate impact on American citizens who are low-income individuals, minorities, women, or elderly—populations that lack ready access to proper citizenship documentation or photo identification. Thus, we are pleased that the House bill does not do more harm to these communities by imposing additional verification requirements for participants in the Exchange.

Policies that restrict access to health care add to overall health care costs for our entire country. Letting legal immigrants pay into the health care system and have access to health care will help bring down the costs for everyone. It will allow for true access to health care for everyone who needs it and save money for our health care system in the long run.

### Aims to Eliminate Health Disparities

We commend the House for including provisions that address racial and ethnic disparities in health outcomes. Health disparities continue to persist in AA and NHPI communities. Hepatitis B occurs at a disproportionately high rate within the Asian American population, and the CDC in 2008 reported that HIV infection is usually diagnosed during later stages of the disease for many Asian Americans and Pacific Islanders due to low testing rates. These disparities demonstrate how critically important it is to ensure that health reform includes provisions designed to eliminate health disparities among racial and ethnic minorities.

More than a third of Asian Americans and 12% of Pacific Islanders are limited English proficient (LEP). We are glad that the House bill includes provisions to address language barriers that reduce access to health care, jeopardize the quality of care and increase the risk of medical errors and adverse outcomes. H.R. 3962 provides an increase in the federal share of payments for adults in Medicaid for language services and includes a study on the feasibility of developing Medicare payment systems for language services. The bill also provides demonstration grants to explore how Medicare can pay for culturally and linguistically appropriate services and requires uniform standards for the collection of data on race, ethnicity, and primary language. We commend the House for its efforts to reduce racial and ethnic disparities.

### Meaningful Insurance Industry Reform


Finally, we are pleased to see that the House bill includes provisions to meaningfully reform the health insurance industry to focus more on patients rather than profits. The House bill bars many common practices within the insurance industry, such as using gender and health status as premium rating factors. The elimination of gender rating will especially advance the health of our communities, as 24% of Asian American, Native Hawaiian and Pacific Islander women under age 65 are uninsured. We commend the House bill for outlawing these types of discriminatory practices within the insurance industry.

We are also very happy that the House bill removes a long-standing health insurance antitrust exemption from antitrust laws covering market allocation, price fixing, and bid rigging. Removal of this provision allows the federal government to more closely regulate the health insurance industry and hold them accountable for unsatisfactory industry practices. We consider this as a major step in changing the way health insurance companies conduct business.

As you continue to develop health care reform legislation, we urge you to ensure that any proposal takes these important steps to expand access to affordable health care choices and

improve the health of AA and NHPI communities. We stand ready to join with you to push for enactment of such reform this year.

Sincerely,

A handwritten signature in cursive script that reads "Deeana Jang". The signature is written in a dark ink and is positioned above the printed name.

Deeana Jang, JD  
Policy Director